Recreation Fees (Subject to Change)

Basketball	\$25.00
Baseball	\$35.00
Cheerleading	\$25.00
Coach Pitch	\$35.00
Dixie Belles/Boys	\$40.00
Instructional Basketball	\$15.00
Flag	\$25.00
Football	\$35.00
Instructional Soccer	\$15.00
Instruction Tee Ball	\$15.00
Soccer	\$25.00
Softball	\$35.00
Tee Ball	\$25.00

## MARLBORO COUNTY PARKS & RECREATION PARENTS CODE OF ETHICS

- I will place the emotional and physical well being of my child ahead of personal desire to win at all times.
- I will at no time place my child or another child's health in jeopardy in order to win.
- I will treat all recreation officials, other parents, and children with respect at all times.
- I will at no time enter the ball field/court; I will allow the officials to handle all situations.
- I will set an example for the children at all times by acting with good sportsmanship.
- I will be responsible for making any guests of mine aware of the code of ethics.
- I will remember that these events are for the children at all times and that are to be for fun.
- I will help provide a sports environment free of drugs and alcohol. I will refrain
  from their use at all county sports events. I will not smoke in the bleachers. If I
  observe any conduct out of order I will notify the appropriate county personnel,
- I will be knowledgeable of the rules of each sport in which my child participates.

  I will teach the rules and encourage him/her to abide by the rules at all times.
- I will at no time participate in any verbal altercation with another parent, child or other party at any sporting event. I may be removed at anytime if I cause any type of disturbance.
- If another party tries to start a verbal or other type of altercation with me at an
  event I will immediately inform the appropriate county official if deemed
  necessary.
- If for any reason I enter into any type of altercation at an event I will first be
  asked to leave the premises, if I refuse I will be removed by law enforcement if
  necessary.
- I will at all times remember that I am an adult and act accordingly.
- I will refrain from the use of profanity at all times while at a county event.
- If for any reason I fail to comply with this Code of Ethics, I will accept the responsibility for my actions.

For my first offense I will be asked to leave the game and not be allowed to attend another game for a month. If I refuse to leave law enforcement will be called to remove me. In that case I will not be allow to attend any further games until I have met with the appropriate county grievance committee.

For my second and final offense I will be permanently banned from attending any Marlboro County Recreation Sport events.

By signing this form I am advising that I have read the above Code of Ethics and agree to abide by them at all times.

Parent's Signature	
Marlboro County Park	cs & Recreation Witness

## Marlboro County Parks & Recreation Commission Registration Form

Amount Paid:		B.C. on File verified by:	
	Please th	eck shirt size	
Youth Small:	Youth :	Medium:	Youth Large:
Adult Small:		Medium:	Adult Large:
Adult XL:	Adult 2	CXL:	Other:
		eck pants sise	
Youth Small:		Medium:	Youth Large:
Adult Small:		Medium:	Adult Large:
Adult XL:	Adult )	OXL:	Other:
PLEASE PRINT			
CHILD'S FULL NAME	B:		
	(as is on birth certificate)		
ADDRESS:	W. Ballon and reserved the control of the control o		
PARENT'S NAME: _			
PSTONE:		CELL:	
RBEAIL:		KNOWN ALLERO	GUES:
AGE:	DATE OF BIRTH:		SEX:
ACTIVITY:		LEAGUE:	**************************************
LAST YEAR'S TEAM	E	SCHOOL:	
	PLE	ase read	
	er that my child will pl	ALY WITH ANY TRAN	I TO WHICH LEAGUE OFFICIALS
<u>Assign Him/Her.</u>			
	RETURN TO THE RECREAT TO PARTICIPATE IN SAID ACT		L BOUIPMENT, UNIFROMS, AND
	TIFY THAT MY CHILD IS IN GO TCIPATE IN THE ABOVE SPOR		DW OF NO REASON WHY HE/SHE
I. PARENT OR GUA	RDIAN OF THE ABOVE NAMED	CHILD, ASSUME ALL	. RISK AND HAZARD INCIDENTAL
TO SUCH PARTICE HERBBY WAIVE, I	PATION, INCLUDING TRANSPORTED TO I	ORTATION TO AND I	FROM ANY ACTIVITIES, AND DO IRLBORO COUNTY RECREATION URY TO MY CHILD. I ALSO GRANT
OBTAIN MEDICAL THE CHILD BECOM	CARE FROM ANY LICENSED I WE ILL OR INJURED WHILE PA S WHEN NEITHER PARENT	PHYSICIAN, HOSPITA ARTICIPATING IN ACT	UENTATIVES TO AUTHORIZE AND L, OR MEDICAL CLINIC SHOULD ITVITIES AWAY FROM HOME; OR GRANT AUTHORIZATION FOR
PARENT'S/GUARDL	AN SIGNATURE:		
D478:			